Information kit
November 2004

Portrait of the Health and Social Service Centre

Pierrefonds and Lac Saint-Louis

Portrait of the Health and Social Service Centre

Agence
de développement
de réseaux locaux
de services de santé
et de services sociaux
Québec
Montréal

Portrait of the Pierrefonds and Lac Saint-Louis Health and Social Service Centre

The Pierrefonds and Lac Saint-Louis Health and Social Service Center (CSSS[1]) was formed by grouping the Lakeshore General Hospital, the Centre d'accueil Denis-Benjamin Viger, the CLSC Lac Saint-Louis and the CLSC Pierrefonds. It also has two associate institutions, namely, the CHSLD Bayview and Vigi Santé (CHSLD Dollard-des-Ormeaux, CHSLD Pierrefonds, CHSLD Reine-Élizabeth).

Located in the western part of the Island of Montreal, its territory corresponds, at the municipal level, to the boroughs of Dollard-des-Ormeaux–Roxboro, Pierrefonds–Senneville, L'Île-Bizard–Sainte-Geneviève–Sainte-Anne-de-Bellevue, Beaconsfield–Baie d'Urfé, Dorval–L'Île-Dorval, Kirkland and Pointe-Claire (postal codes: H8Y, H8Z, H9A, H9C, H9E, H9G, H9H, H9J, H9K, H9P, H9R, H9S, H9T, H9W, H9X). Its population was evaluated at just over 204,000 people during the last census in 2001.

What are...

Designated institutions?

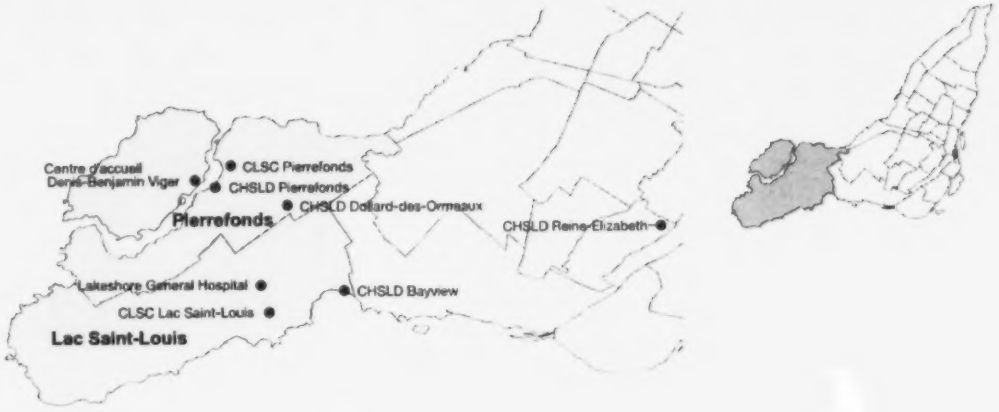
These institutions must provide all of their services in French and in English.

Indicated institutions?

These institutions must provide some of their services in English, as indicated in the region's Access Programme to Health and Social Services in English, approved by a Quebec Government Decree.

The Pierrefonds and Lac Saint-Louis CSSS features about 1,776 employees and approximately 70 general practitioners. With an annual budget of $97.1M (2004-2005), it uses 227 hospital beds for short-term physical care, 30 beds for persons who are no longer self-sufficient, and 155 beds for long-term residential care. For their part, the associate institutions use 502 beds for long-term residential care.

The Lakeshore General Hospital, the Centre d'accueil Denis-Benjamin Viger and the CLSC Lac Saint-Louis all belong to the designated institution category: they must therefore provide all of their services in English. The CLSC Pierrefonds and Vigi Santé (CHSLD Dollard-des-Ormeaux, CHSLD Pierrefonds and CHSLD Reine-Élizabeth) belong to the indicated institution category, which means that they must provide some of their services in English.



1 Centre de santé et de services sociaux.

GROUPED INSTITUTIONS

Institutions	Addresses
CLSC Pierrefonds	13800 Gouin Boulevard West Pierrefonds
CLSC Lac Saint-Louis	**Headquarters** 180 Cartier Avenue Pointe-Claire
	Day Centre 305 Des Anciens-Combattants Boulevard Sainte-Anne-de-Bellevue
	Programme Ensemble 3840 Saint-Charles Boulevard Suite B-202 Kirkland
Centre d'accueil Denis-Benjamin Viger	3292 Cherrier Street L'Île-Bizard
Lakeshore General Hospital	160 Stillview Road Pointe-Claire

ASSOCIATE INSTITUTIONS

Institutions	Addresses
CHSLD Bayview	27 Lakeshore Road Pointe-Claire
Vigi Santé	197 Thornhill Street Dollard-des-Ormeaux
	CHSLD Dollard-des-Ormeaux 197 Thornhill Street Dollard-des-Ormeaux
	CHSLD Pierrefonds 14775 Pierrefonds Boulevard Pierrefonds
	CHSLD Reine-Élizabeth 2055 Northcliffe Avenue Montréal

The pages below draw a portrait of the institutions grouped within the CSSS, highlighting their service offer and volumes of activities, a financial and budget profile, a portrait of fixed assets, and a description of their human resources and the entity's union situation.

The institutions of the Pierrefonds and Lac Saint-Louis CSSS

Service offer and volumes of activity of the Pierrefonds and Lac Saint-Louis CSSS

Like other CLSCs, the Pierrefonds and Lac Saint-Louis CLSCs provide reception, evaluation and referral services, as well as health services, social services, regular preventive or curative services, rehabilitation and reintegration services, as well as front-line community action services to the population within their respective sectors. They also play a leading role in their communities with regard to prevention (vaccination and occupational health, for example) and health promotion (anti-smoking, promoting physical activity, etc.).

For its part, the CLSC Pierrefonds serves 126,100 people. In addition to the usual services, it offers a breast cancer information and education programme that includes teaching women how to perform breast self-examinations. This programme also provides support to women awaiting a diagnosis or who have cancer. The CLSC also provides support to care providers region-wide. As of March 31st, 2003, it had 224 employees. As of December 31st, 2003, it also relied on the services of 16 general practitioners (9.92 FTE). Its budget for 2004-2005 is $13.8M.

For its part, the CLSC Lac Saint-Louis serves 78,665 people. In addition to the usual services, it offers a day centre programme, an intervention programme for families who choose international adoption, and a secondary care programme for persons suffering from severe and persistent mental health problems. It also manages a birthing centre. It has even signed an agreement with the Centre hospitalier LaSalle to allow midwives to practice there. It is the first such agreement in Quebec. In 2002-2003, the midwives of the CLSC Lac Saint-Louis followed the cases of 312 women and performed 255 deliveries. As of March 31st, 2003, it had 201 employees. As of December 31st, 2003, it also relied on the services of 11 general practitioners (4.91 FTE). Its budget for 2004-2005 is $10.3M.

What are...

Front-line services? Front-line services are the point of entry into the health and social service network. They include all routine medical and social services that rely on a non-equipment-intensive diagnostic and therapeutic infrastructure capable of dealing with most of the common social and medical issues and problems of the population.

Secondary services? These are social and medical services designed to solve complex problems, including assistance, support and residential services, and a range of specialized services that rely on an adapted infrastructure and, in the case of medical services, on diagnostic and therapeutic technologies that are equipment-intensive but widely available.

Tertiary services? Tertiary services are ultra-specialized medical services for people with either very complex or very uncommon health problems.

THE CLSC LAC SAINT-LOUIS DAY CENTRE

The day programmes offer preventive and therapeutic group activities, or rehabilitation activities aimed at maintaining the state of health and capacities of persons who are no longer self-sufficient and who live at home. At the same time, these programmes try to provide respite to natural caregivers. In 2002-2003, 106 people attended the CLSC Lac Saint-Louis day centre.

Age categories at the CLSC Lac Saint-Louis day centre	Number of users	Montreal Average
Under 65	2 (1.9 %)	7.6 %
Age 65-74	24 (22.6 %)	22.0 %
Age 75-84	50 (47.2 %)	44.4 %
Age 85 ans and up	30 (28.3 %)	26.0 %

Source: Institution's statistical and annual reports (AS-478) for the 2001-2002 and 2002-2003 fiscal years.

What are the service categories used by the MSSS in its financial management manual?

Routine services

- **Midwife practice** includes the care and services provided during pregnancy, delivery and the postnatal period.
- **Regular health services** are medical assistance and nursing care activities for ambulatory patients of all ages. These services are provided in all CLSCs (e.g.: lab test samples).
- **Ambulatory psycho-geriatric services** are services provided to elderly persons who are affected by mental health problems associated with ageing, and to those persons' natural caregivers. They provide assistance to home support teams in complex intervention situations.
- **Social services for refugees** are activities linked to welcoming and integrating into Quebec society refugees or other applicants with precarious status, who usually do not have a medical insurance card. These activities take into account federal-provincial agreements in effect.
- **Health services for refugees** are activities linked to physical health, provided to refugees and other applicants with precarious status, who usually do not have a medical insurance card. These services are provided according to federal-provincial agreements in effect.
- **Psychosocial services – other** are for the population as a whole and target various common social issues. These services are offered on a walk-in basis or by appointment during the day, evenings and weekends in CLSCs.
- **Mental health integration-reintegration services** are for persons suffering from often severe and persistent mental health problems. These services notably include support in the living environment (living habits, social skills, reintegration into work and recreational activities, treatment follow-up, etc.), intervention in crisis situations, and intervention to assist the community.
- **Info-Santé CLSC (CLSC Health Hotline)** is a telephone service provided 7 days a week, 24 hours a day, through which nurses answer all requests linked to health and well-being, in addition to providing advice and referring citizens to the right resources.

Home support

- **Home nursing services** are provided to all persons suffering from a temporary or persistent disability, and who must be cared for, partially or completely, at home.
- **Home assistance** is for all persons suffering from a temporary or persistent disability who need support to perform certain tasks linked notably to hygiene and meal preparation.
- **Home psychosocial services – NLSS** are provided to elderly persons who are no longer self-sufficient (NLSS) and who are experiencing psychological or social difficulties.
- **Home psychosocial services – other** are for persons who are suffering from a temporary or persistent disability not linked to ageing and are experiencing psychological or social difficulties (mourning, abandonment, abuse, isolation, financial difficulties).
- **Home occupational therapy and physiotherapy services** are for persons suffering from temporary or persistent disabilities and who need services linked to rehabilitation.
- **Support for families living with a disabled person** consists of an amount paid to the families of persons suffering from a physical or intellectual disability.

Public health

- **Mother and child health** includes activities aimed at ensuring normal pregnancies in order to reduce perinatal accidents and ensure optimum development of the young child population (0 to 5 years).
- **Preventive dental care services** are mainly offered by a dental hygienist to maintain and improve dental health.
- **Prevention and protection services** include measures to prevent social problems, illnesses and injuries, and to implement protection measures aimed at maintaining and improving the population's health and well-being (e.g.: occupational health and safety).
- **School health services** are provided in schools to children and adolescents at the elementary, high-school and college levels.
- **Nutrition services** are linked to dietetics and nutrition.

Childhood-Youth-Family

- **Family and social education services** are aimed at meeting the needs of children, young people and families when it comes to psychosocial issues (violence, negligence, abuse, etc.) or needed support and respite. These services are provided as educational interventions and notably favour the acquisition of parenting skills.
- **School social services** are provided in the school environment with the aim of solving the social problems of children and adolescents at the elementary, high-school and college levels.
- **Regular psychosocial services (youth)** are usually provided on CLSC premises. They aim to meet the psychological or social needs of individuals or groups, particularly young people.

The volumes of activity for the Pierrefonds and Lac Saint-Louis CLSCs are set out in the tables below.

VOLUMES OF ACTIVITY OF THE CLSC PIERREFONDS*

Info-Santé 2002-2003

	Calls processed	Average duration	
Info-Santé CLSC – local	19,872	6.81 minutes	

Routine services, actual volumes 2002-2003

	Different users	Visits or interventions	Average number of visits or interventions per user
Regular health services	6,053	19,517	3
Psychosocial services – other	400	1,240	3
Mental health integration-reintegration	225	1,035	5

Home support, actual volumes 2002-2003

	Different users	Visits or interventions	Average number of visits or interventions per user
Home nursing services	2,124	24,964	12
Home assistance	654	49,450	76
Home psychosocial services – NLSS	516	2,923	6
Home psychosocial services – other	97	601	6
Home occupational therapy and physiotherapy	763	6,587	9
Support for families living with a disabled person	355	-	-

Public health, actual volumes 2002-2003

	Different users	Visits or interventions	Average number of visits or interventions per user
Mother and child health	2,624	6,013	2
Preventive dental care services	380	595	2
Prevention and protection	8,416	9,066	1
School health services	3,120	6,027	2
Nutrition	693	1,689	2

Childhood-Youth-Family, actual volumes 2002-2003

	Different users	Visits or interventions	Average number of visits or interventions per user
Family and social education services	1,074	4,128	4
School social services	365	1,170	3
Regular psychosocial services – Youth	250	520	2

* The services included in this table are those for which data was available in the CLSC's management agreement.

Source: *Entente de gestion et d'imputabilité* 2003-2006 [2003-2006 Management and accountability agreement]. CLSC Pierrefonds. Data reviewed by the institutions – September 2004.

VOLUMES OF ACTIVITY OF THE CLSC LAC SAINT-LOUIS*

Info-Santé 2002-2003

	Calls processed	Average duration
Info-Santé CLSC – local	8,686	9.11 minutes

Routine services, actual volumes 2002-2003

	Different users	Visits or interventions	Average number of visits or interventions per user	Deliveries
Midwife practice	474	3,048	6	254
Regular health services	2,684	8,610	3	
Psychosocial services – other	50	284	6	
Mental health integration-reintegration	173	1,145	7	

Home support, actual volumes 2002-2003

	Different users	Visits or interventions	Average number of visits or interventions per user
Home nursing services	1,509	15,027	10
Home assistance	515	33,970	60
Home psychosocial services – NLSS	523	3,198	6
Home psychosocial services – other	99	385	4
Home occupational therapy and physiotherapy	685	3,306	5
Support for families living with a disabled person	185	-	-

Public health, actual volumes 2002-2003

	Different users	Visits or interventions	Average number of visits or interventions per user
Mother and child health	1,197	2,025	2
Prevention and protection	2,983	3,125	1
School health services	1,918	3,925	2
Nutrition	299	991	3

Childhood-Youth-Family, actual volumes 2002-2003

	Different users	Visits or interventions	Average number of visits or interventions per user
Family and social education service	683	2,561	4
School social services	259	916	4

* The services included in this table are those for which data was available in the CLSC's management agreement.

Source: *Entente de gestion et d'imputabilité* 2003-2006 [2003-2006 Management and accountability agreement]. CLSC Lac Saint-Louis. Data reviewed by the institutions – September 2004.

Service offer and volumes of activity of the Centre d'accueil Denis-Benjamin Viger

There is only one long-term residential care centre (CHSLD) in the Pierrefonds and Lac Saint-Louis CSSS. Like all CHSLDs, its mission is to provide a substitute living environment, as well as residential services and care tailored to elderly persons or adults who are no longer self-sufficient.

The table below shows the number of made beds in July 2004 at the Centre d'accueil Denis-Benjamin Viger. This data is an indication of its residential care capacity.

What is the difference between beds on the permit and made beds?

Beds on the permit: maximum number of potential beds that the institution is authorized to make functional.

Made beds: actual number of beds that the institution makes functional, taking into account its financial, human and physical resources. The number of made beds is always lower than or equal to the number of beds on the permit.

MADE BEDS IN RESIDENTIAL AND LONG-TERM CARE (JULY 2004)

	Centre d'accueil Denis-Benjamin Viger
Number of beds	125
Total	**125**

Source: *Agence de développement de réseaux locaux de services de santé et de services sociaux* – Regional admissions service, 2004.

The Centre d'accueil Denis-Benjamin Viger

The Centre d'accueil Denis-Benjamin Viger houses 125 persons, 61 of whom need from 1.5 to 2.5 care/hours a day, and 64 who need more than 2.5 care/hours a day. In addition to customary CHSLD services, it runs a day centre programme to help persons who are no longer self-sufficient, and who have been referred by the CLSC, continue to live at home.

In 78% of cases, the clientele it serves is from the CSSS territory. On July 6th, 2004, 82% of the clientele were women, and the average age of users was 82. Average length of stay was 836 days (3.3 years). Also in July 2004, 147 people were on the waiting list for residential care, and the average waiting time was 258 days.

In order to fulfill its mission, the Centre d'accueil Denis-Benjamin Viger had 161 employees as of March 31st, 2003. As of December 31st, 2003, it also relied on the services of 4 general practitioners (1.3 FTE). Its budget for 2004-2005 is $6.6M.

HOURS WORKED PER DAY AND PER USER AT THE CENTRE D'ACCUEIL DENIS-BENJAMIN VIGER

Hours worked per day and per user	2003-2004	2002-2003
Nursing care and assistance	2.90 hours	2.69 hours
Professional services - other (occupational therapy and physiotherapy)	0.62 hour	0.62 hour

Source: Data provided by the institutions as part of the follow up of residential care clientele indicators in 2003-2004.

THE CENTRE D'ACCUEIL DENIS-BENJAMIN VIGER'S DAY CENTRE

The day programmes offer preventive and therapeutic group activities, or rehabilitation activities aimed at maintaining the state of health and capacities of persons who are no longer self-sufficient and who live at home. At the same time, these programmes try to provide respite to natural caregivers. In 2002-2003, 164 people attended the Centre d'accueil Denis-Benjamin Viger's day centre.

Age categories	Number of users	Montreal Average
Under 65	8 (4.9%)	7.6%
Age 65-74	29 (17.7%)	22.0%
Age 75-84	76 (46.3%)	44.4%
Age 85 and up	51 (31.1%)	26.0%

Source: Institutions' statistics and annual reports (AS-478) for the 2001-2002 and 2002-2003 fiscal years.

PIERREFONDS AND LAC SAINT-LOUIS CSSS – DATA ON THE CHSLD CLIENTELE (JULY 6TH, 2004)

	Average length of stay	Average age of users	Users' genders	Number of users awaiting residential care	Average waiting time
Centre d'accueil Denis-Benjamin Viger	836 days (2.29 years)	82 years	W: 102 (81.6%) M: 23 (18.4%)	147	258 days
All Montreal CHSLDs	971 days (2.7 years)	80 years	W: 72.1% M: 27.9%	2,389*	183 days** 508 days***

* Of the number of persons awaiting placement in residential care on the Island of Montreal, 881 are in temporary residential care (753 in CHSLDs and 128 in intermediate resources) and 344 are awaiting placement in residential care in another region.

** Average waiting time for placement in residential care on the Island of Montreal.

*** Average waiting time for placement in residential care in another region.

Source: *Agence de développement de réseaux locaux de services de santé et de services sociaux* – Regional admissions service, 2004. Data reviewed by the institutions – September 2004.

What is temporary residential care?

It describes the situation of users who are awaiting a place in the CHSLD of their choice. Some are placed in another CHSLD on a temporary basis.

What are intermediary resources?

Resources linked to a public institution, which are aimed at enabling users registered with the institution to live in the community by providing support or assistance services and a living environment that is tailored to their needs.

Service offer and volumes of activity of the Lakeshore General Hospital

The Lakeshore General Hospital is a community general and specialized care hospital whose clientele comes mainly from the Pierrefonds and Lac Saint-Louis sectors, as well as from Vaudreuil-Soulanges, in the Montérégie region. It provides short-term and long-term health care services.

What is a full-time equivalent (FTE)?

The activity generated within an institution by a "full-time equivalent" physician corresponds to the value of billed services equivalent to the average amount billed by physicians in the discipline concerned.

With an annual budget of $66.3M (2004-2005), it brings together approximately 1,200 employees and over 130 physicians (78.8 FTE) who provide care in most of the common medical specialties (see the table showing the distribution of FTE physicians). The hospital has a foundation and a team of 250 volunteers operating in its milieu.

DISTRIBUTION OF THE LAKESHORE GENERAL HOSPITAL'S FTE PHYSICIANS

Grouping of specialties	Medical specialty	FTE figure	FTE %
1. General practice	General practice	24.7	31.31%
	Total	**24.7**	**31.31%**
2. Local medical specialties	Anatomical pathology	1.6	2.08%
	Internal medicine	5.7	7.21%
	Pediatrics	0.9	1.19%
	Psychiatry	10.0	12.65%
	Diagnostic radiology	4.0	5.09%
	Total	**22.2**	**28.22%**
3. Regional medical specialties	Cardiology	3.3	4.15%
	Dermatology	0.0	0.01%
	Endocrinology	0.1	0.16%
	Gastro-enterology	0.8	0.99%
	Hemato-oncology	2.2	2.76%
	Nephrology	1.5	1.90%
	Neurology	0.7	0.88%
	Pneumology	1.1	1.38%
	Rheumatology	0.0	0.02%
	Total	**9.7**	**12.25%**
4. Local surgical specialties	Anesthesia-resuscitation	5.5	6.98%
	General surgery	4.4	5.61%
	Orthopedic surgery	2.7	3.46%
	Obstetrics-gynecology	3.3	4.22%
	Total	**16.0**	**20.28%**
5. Regional surgical specialties	Plastic surgery	1.7	2.15%
	Ophtalmology	0.8	0.97%
	Oto-rhino-laryngology	0.5	0.68%
	Urology	1.4	1.80%
	Total	**4,4**	**5.59%**
6. Supraregional specialties	Radiation therapy	0.0	0.03%
	Total	**0.0**	**0.03%**
7. Laboratory specialties	Nuclear medicine	0.8	0.97%
	Medical microbiology	1.1	1.35%
	Total	**1.8**	**2.32%**
Total		**78.8**	**100.00%**

Source: CONSOM 2002, MSSS

Service offer

The hospital has a total of 227 beds, 200 of which are for short-term physical care, 27 of which are for psychiatric care, and 30 for temporary residential care for clients awaiting permanent placement in residential care.

1. Hospitalization services

In 2002-2003, 8,535 patients were admitted to the Lakeshore General Hospital, and 4,380 patients were treated in day surgery. Almost one third of the clientele admitted was made up of mothers and young children, and 1,150 babies were born at the hospital in 2002-2003. This clientele brings down the average age of admitted patients: it is 48, compared to an average age of 65 in the Montreal community hospitals that do not have obstetrics units. Another third of hospitalized patients needed specialized services aimed more at the elderly population, namely cardiology (817 patients), gastroenterology (804 patients), orthopedics (707 patients) and pneumology (542 patients). See the table below for hospitalization volumes.

Hospitalization volumes dropped by 841 admissions or 9% over the last three years. The number of persons operated in day surgery also dropped by over 4% during that same period. Over 11,000 people were operated during the year, either during their admission in day surgery, or on an outpatient basis.

SHORT-TERM HOSPITALIZATION VOLUMES AT THE LAKESHORE GENERAL HOSPITAL, BY MAJOR DIAGNOSIS CATEGORY

Major diagnosis category	2001-2002	2002-2003
OBSTETRICS	1,621	1,432
NEWBORNS	1,241	1,150
CIRCULATORY SYSTEM	816	817
DIGESTIVE SYSTEM	762	804
MUSCULO-SKELETAL SYSTEM	724	707
RESPIRATORY SYSTEM	660	542
GENITAL-WOMEN	577	480
MENTAL ILLNESS	514	492
URINARY TRACT	399	405
LIVER-SPLEEN SYSTEM AND PANCREAS	401	324
NERVOUS SYSTEM	281	289
GENITAL-MEN	200	203
SKIN, SUB-CUTANEOUS TISSUE AND BREASTS	182	193
OTHER FACTORS	134	186
ENDOCRINO-NUTRITION AND METABOLISM	117	132
INFECTIOUS AND PARASITIC DISEASES	84	90
TUMORS	84	77
ORL	60	64
HEMATOLOGY	54	58
INJURY-POISONING	54	42
MENTAL, ORGANIC AND TOXICOLOGICAL PROBLEMS	20	39
OPHTALMOLOGY	4	3
HIV	1	3
MULTIPLE TRAUMA	-	2
BURNS	-	1
Total	**8,990**	**8,535**

Source: MedÉcho 2001-2002 and 2002-2003.

2. Ambulatory services

A new ambulatory service centre was recently opened, which will enable the hospital to serve more outpatients and relieve some of the pressure on its emergency department. The hospital receives over 15,000 outpatient consultations, of which approximately 2,100 are in adult psychiatry. It also offers services in specialized clinics, including renal dialysis, oncology and a day centre for diabetics.

AMBULATORY ACTIVITY VOLUMES AT THE LAKESHORE GENERAL HOSPITAL

Services and activities	2002-2003
Outpatient clinics	15,251, 14% of which in psychiatry
Renal dialysis	7,790 treatments
Hemato-oncology	4,594 visits
Day surgery	4,3.. users

Sources: 2002-2003 Annual Activity Report, 2002-2003 Annual Statistics Report.

3. Emergency services

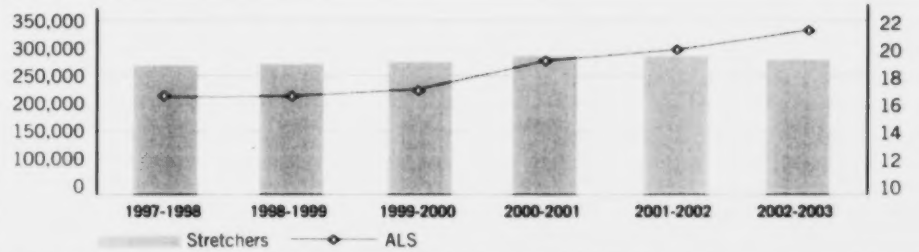
At the Lakeshore General Hospital, 55,000 people visit the emergency room every year. Approximately 14,500 of those people must be put on stretchers before they are examined or hospitalized. While the number of people on stretchers has been dropping since 2001, the average length of stay has been increasing over the same period.

However, the rate of persons who stay in Emergency at the Lakeshore Hospital for over 48 hours increased sharply in 2003-2004, whereas the Montreal average dropped.

The hospital receives approximately 15 ambulances a day, for a total of 5,400 ambulance cases per year.

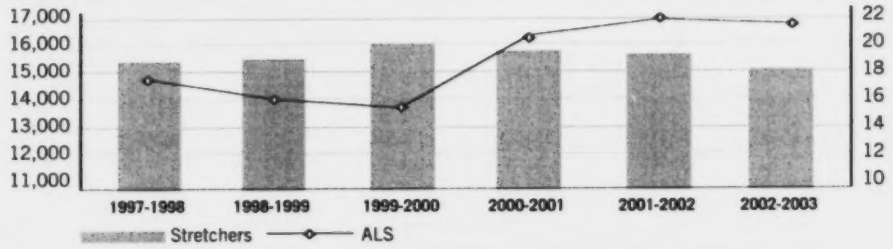
In all Montreal emergency rooms, the number of people on stretchers went from 277,840 to 290,299, which represents a 4.5% increase, between 1997-1998 and 2002-2003. Nonetheless, since 1999-2000, the rate has stabilized somewhat, (with even a drop in 2002-2003). However, the average length of stay on a stretcher in Emergency is increasing steadily. It went from 15.3 to 21.2 hours, which represents an increase of almost 40% over six years.

EMERGENCY DEPARTMENTS OF MONTREAL HOSPITALS: EVOLUTION IN THE NUMBER OF PEOPLE ON STRETCHERS AND THEIR AVERAGE LENGTH OF STAY (ALS)



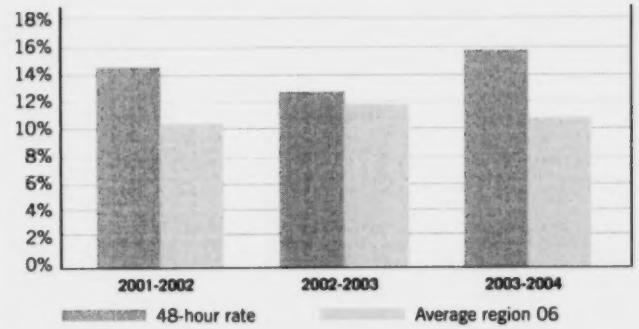
Source: *Registre des civières.*

EMERGENCY DEPARTMENT OF THE LAKESHORE GENERAL HOSPITAL: EVOLUTION IN THE NUMBER OF PEOPLE ON STRETCHERS AND THEIR AVERAGE LENGTH OF STAY (ALS)



Source: *Registre des civières.*

LAKESHORE GENERAL HOSPITAL: EVOLUTION OF THE RATE OF PATIENTS SPENDING 48 HOURS ON A STRETCHER AND AVERAGE REGIONAL RATE



Source: *Registre des civières.*

Financial and budget profile

The table below provides information on the financial situation of each institution within the Pierrefonds and Lac Saint-Louis CSSS. The first three columns present the financial statements for 2003-2004; the fourth column reflects the gross budget confirmed by the Agency as of May 12th, 2004.

It should firstly be noted that the Agency increased the Lakeshore General Hospital's basic budget by $4,500,000 to consolidate funding for ambulatory activities, thus enabling the new CSSS to start off on a sounder financial footing. The issue of the deficit accumulated by this institution has not yet been resolved, however, and will be the object of later discussions between the Agency and the CSSS.

Secondly, it should be highlighted that, since May 12th of this year, gross budgets were increased, notably to cover system costs. Other adjustments will be made during the fall of 2004, when development budgets are allocated for, among other things, shortening waiting lists for surgery, home support, and family support.

FINANCIAL SITUATION OF THE PIERREFONDS AND LAC SAINT-LOUIS CSSS

Grouped institutions	Gross budget 2003-2004	Results as of March 31st, 2004	Fund balance as of March 31st, 2004	Gross budget confirmed by the Agency as of May 12th, 2004
Centre d'accueil Denis-Benjamin Viger	$6,912,395	$(191,017)	$(157,869)	$6,668,463
CLSC Lac Saint-Louis	$10,602,115	$2,900	$101,697	$10,316,841
CLSC Pierrefonds	$13,883,613	$ 14,276	$35,844	$13,807,673
Lakeshore General Hospital	$63,452,311	$(3,355,216)	$(9,743,517)	$66,307,654
Total	**$94,850,434**	**$(3,529,057)**	**$(9,763,845)**	**$97,100,631**

Sources: 2003-2004 Gross budget: Total revised gross budget for 2003-2004.
2003-2004 Financial statements: Annual Financial Statement AS-471 as at March 31st, 2004, page 200, line 27, column 1.
2003-2004 Fund balance: Annual Financial Statement AS-471 as at March 31st, 2004, page 240, line 20, column 3.
2004-2005 Initial budget: Gross budget confirmed by the Agency during the transmission of initial budgets for 2004-2005 on May 12th, 2004 (adjusted according to budget base revisions for the CHSGSs concerned).
2004-2005 RR-446 Budget: Detailed budget, RR-446 2004-2005, page 100-01, line 9, column 3.

According to Section 7 of the Act to provide for balanced budgets in the public health and social services network, the boards of directors of public institutions must adopt an operating budget that is either balanced or features a surplus (bulletin no. 2004-009 [03-01-61-02] on the financial monitoring of public institutions within the health and social service network – Budget Planning).

All general- and specialized-care hospital centers included within a local body had their budget base revised to enable them to balance their 2004-2005 budget and avoid bringing a deficit with them into the new body.

The Lakeshore General Hospital was granted additional funding of $4.5M for the ambulatory centre. This amount is not included in the budget column for 2004-2005.

Moving toward three-tier funding

The setting up of the CSSSs coincides with the implementation of a new method of allocating resources throughout the Quebec health and social service network. The first tier has to do with programme budgets and consists of a basic allocation for activities carried out in the context of service-programmes provided to the population (see details in the section on programme configuration). This first tier represents the lion's share of institutions' operating budgets.

The second tier consists of an allocation designed to cover costs linked to regional aspects, such as ethnicity and national services, and costs linked to certain activities in institutions with a university vocation, such as teaching and research. As for the third tier, it refers to funds reserved for special projects funded in the context of special agreements authorized by the MSSS.

Budgeting by programme to ensure fair access

Budgeting by programme arises from and is inspired by the populational approach that is intended to guide CSSS action. It follows the principles of this approach by making it possible to direct resources toward the population's priority needs, both at the MSSS and Agency level, according to national and regional guidelines and priorities, and at the CSSS level, according to locally defined priorities.

In order to zero in on those priority needs, the Agency is already working with representatives of the Montreal network's institutions to develop needs indicators that will be used during resource allocation. These indicators will take into account the size of the population served, as well as certain socio-sanitary characteristics of that population. The purpose of this is to make sure that resources really go to the needs defined as a priority in the region and on the CSSS territory.

The selection and relative weighting of the chosen indicators will undoubtedly have a direct impact on the amount of resources allocated to each programme and each CSSS. The Agency therefore intends to make sure that the process used to define those indicators is as transparent as possible, and is carried out with CSSS participation.

Programme configuration

Nine service-programmes are planned in the context of the new budgeting method. Two are intended for the population as a whole, whereas the other seven aim to meet specific needs. Moreover, two support-programmes will provide technical and administrative support to the service-programmes.

PROGRAMME CONFIGURATION

Services-programmes

Programmes intended for the population as a whole

1. Public health
2. General services – clinical and assistance activities/Front-line medical services

Programmes that deal with specific issues

1. Loss of self-sufficiency due to ageing
2. Physical impairment
3. Intellectual impairment and pervasive developmental disorders
4. Troubled youth (age 0 to 17)
5. Addictions
6. Mental health
7. Physical health

Support-programmes

1. Administration and support for services
2. Building and equipment management

A method under implementation

Programme budgeting is a new formula. Like all new formulas, it will evolve and develop with use. The same goes for the needs indicators on which it relies. The data presented in the table below are therefore relative estimates, since they will vary as the indicators and calculation methods are fine-tuned. That being said, the data is useful to obtain a better understanding of programme budgeting and its impact on the CSSSs.

The table below shows expenditures by programme over the entire Pierrefonds and Lac Saint-Louis CSSS territory in 2001-2002. More specifically, it is a breakdown of expenditures by institutions in 2001-2002 according to the service-programmes and support-programmes set out in the new budgeting method. This snapshot illustrates the situation that existed at the time, but does not necessarily correspond to the situation that will prevail when the CSSS begins allocating its resources among the different programmes according to the populational approach.

BREAKDOWN OF EXPENDITURES BY PROGRAMME* ON THE TERRITORY OF THE PIERREFONDS AND LAC SAINT-LOUIS CSSS (2001-2002)

	General services	Public health	Loss of self-sufficiency	Physical impairment	Intellectual impairment and pervasive developmental disorders	Troubled youth	Mental health	Physical health	Administration and service support	Building management	Total
Pierrefonds and Lac Saint-Louis CSSS	5,9 %	1,3 %	21,2 %	2,5 %	0,9 %	1,4 %	3,7 %	33,8 %	17,4 %	11,8 %	100,0 %

* Expenditures for the *programme Dépendances* only concern the Centre de réadaptation Dollard-Cormier, the Centre Le Portage and the CHU. There is therefore no amount earmarked for this programme in CSSS expenditures.

Source: MSSS programme contours.

What's in store for 2004-2005

2004-2005 will be a year of transition toward the new programme budgeting method. The Montreal Agency is currently holding talks with the MSSS on this subject, and wishes to fine-tune the calculation method that will be used. The Agency is furthermore participating in a number of round tables created by the MSSS, and intends to have the CSSSs participate as well, so that they may also provide their input. The Agency is thus seeking to achieve in 2005-2006 a programme budgeting that is as closely tailored to the Montreal situation as possible.

Fixed assets profile

This section on fixed assets summarizes the main projects for institutions within the Pierrefonds and Lac Saint-Louis CSSS, according to the following categories:

1. maintenance of public assets (buildings and equipment);

2. functional renovation; and

3. advanced technology.[2]

1. Asset maintenance

1.1 Maintenance of public buildings

The table below shows the replacement value of the Health and Social Service Centre's public buildings. The replacement value serves as an indicator for the "Building and equipment management" support-programme within the new programme budgeting approach.

REPLACEMENT VALUE – CONSTRUCTION (ASSET MAINTENANCE)

Facilities	Replacement value
Lakeshore General Hospital	$60,009,156
Centre d'accueil Denis-Benjamin Viger	$6,415,526
CLSC Pierrefonds	$4,093,686
CLSC Lac Saint-Louis	-
Total	**$70,518,368**

What is asset maintenance?

Projects in this category have to do with work to replace or perform major repairs on a building's obsolete components. This work goes beyond routine maintenance. It must be planned and carried out to ensure the physical integrity of the premises, safety and the quality of the environment.

According to the new MSSS management framework (2004), institutions are fully responsible for maintaining their real estate assets. The regional budget allocated for this category went from $15M in 2003-2004 to $40M in 2004-2005. The amounts allocated to each CSSS were transferred in September 2004. Starting in 2005, the Agency and the MSSS will no longer intervene in project content. Instead, they will monitor fund use and results.

What is replacement value?

Buildings' replacement value is an estimate of how much it would cost to completely rebuild the building as is. It is calculated based on the building's surface area and a standard dollar cost per square metre, depending on the mission. Generally, this calculated value is different from the municipal evaluation, and does not take into account particular elements, such as heritage interest, historic value or the age of the building. This figure is used as the basis, in 2004-2005, to determine recurring budgets paid to institutions for asset maintenance. With the new programme budgeting approach, it is this same building replacement value that will be used as the determining parameter for budget allocations under the "building maintenance and repair" category of the Building and equipment management support-programme.

2. All of the data included in the section on fixed assets comes from the Montreal Agency's databanks (SIGREM software) and from the document *Les immobilisations des établissements publics – Enveloppes régionales de maintien d'actifs 2004-2005 Budgets et programmes*, produced by the Montreal Agency in September 2004.

1.2 Furniture, ordinary equipment and "heavy equipment"

Every year, the Agency makes payments of approximately $14M to buy and replace furniture and ordinary (non-medical) equipment. Budgets are allocated based on replacement values that are weighted over the equipment's useful life. Equipment for hemodynamics, radiation oncology and magnetic resonance are in the high-technology category and are therefore subtracted from the calculation for equipment. In this asset category, institutions do not have to submit projects to obtain funding. However, some equipment, such as adapted vehicles and other costly equipment, is financed separately by the Heavy Equipment programme, when requests are made. The value of this equipment can easily surpass the amount of the recurring budget. The table below shows recurring budgets paid to institutions for 2004-2005.

BUDGET ALLOCATED FOR THE REPLACEMENT* OF FURNITURE AND ORDINARY EQUIPMENT

Facilities	Annual budget 2004-2005
Lakeshore General Hospital	$526,340
Centre d'accueil Denis-Benjamin Viger	$26,699
CLSC Pierrefonds	$29,797
CLSC Lac Saint-Louis	$23,899
Total	**$606,735**

* The values established using the as-new value calculation system are based on updates as at March 31st, 2003.

1.3 Medical equipment

The acquisition of medical equipment is subject to authorization by the MSSS and the Agency. The latter has an annual budget envelope of approximately $10M for the region. Funding needs for such equipment are also measured by the number and value of replacement or development requests. For example, the Lakeshore General Hospital receives $162,376 on a yearly basis to purchase medical equipment. When the cost of a piece of equipment greatly surpasses the annual amount allocated, the institution is eligible for an additional grant. Furthermore, a regional budget envelope of $150,000 is also available for the medical equipment required by CLSCs.

1.4 Infrastructure modernization

In September 2004, one infrastructure modernization project was underway on the territory, at the CA Denis-Benjamin Viger.

PROJECTS UNDERWAY

CA Denis-Benjamin Viger	Power management system
Cost of project	$243,711
Yearly savings	$39,310
Contribution of the Agency	$224,917

What is infrastructure modernization?

Resources linked to a public institution, which are aimed at enabling users registered with the institution to live in the community by providing support or assistance services and a living environment that is tailored to their needs.

2. Functional renovation projects

2.1 Projects that cost less than $2M – Improving Quality of Life Programme (PAQV)

This programme, funded by the MSSS, is aimed at improving the quality of life in CHSLDs through projects that cost less than $2M. The Agency monitors project performance. No functional renovation projects are underway at this time on the territory of the Pierrefonds and Lac Saint-Louis Health and Social Service Centre.

What is a functional renovation project?

Functional renovation projects aim to change the layout of existing spaces to improve client service and ensure that operations run more smoothly. Examples of functional renovation projects include making rooms bigger to facilitate the movement of wheelchairs, and changing the layout of a nursing station.

The amount allocated to the Montreal region in 2004-2005 for the PAQV is $16M. There are currently projects on the list of priority regional needs. The following project is under consideration for the Pierrefonds and Lac Saint-Louis territory:

UNDER CONSIDERATION FOR 2004-2005		
Centre d'accueil Denis-Benjamin Viger	Functional renovation of the day centre	$2,000,000

2.2 Other functional renovation projects that cost less than $2M

In addition to the regional budget, the MSSS sets aside certain amounts for functional renovations. Projects funded in this manner must be under $2M. The Agency monitors their performance. There is no project in this category underway in Pierrefonds and Lac Saint-Louis CSSS institutions.

2.3 Major projects that cost more than $2M

The MSSS allocates the funding required for projects that cost more than $2M. These projects are for major expansion or functional renovation projects.

In September 2004, one major project worth more than $2M was under consideration on the territory of the Pierrefonds and Lac Saint-Louis CSSS.

What is the process for a major project?

1. The institution prepares a Functional and Technical Programme (FTP) for the project. The FTP is a document that presents the project and includes the institution's background, services provided, volumes of activity, problem targeted, proposed overall solution, diagrams and a preliminary estimate of project costs;
2. The Agency conducts a needs analysis;
3. The Agency recommends the FTP to the MSSS, so that it can be studied with the help of professionals (architects and engineers);
4. The Minister announces that the project is being studied and hires professionals to draft the design and preliminary plans and specifications: cost estimate and evaluation of equipment needs;
5. The project is recorded in the MSSS's triennial fixed asset plan, and a performance decree is obtained; and
6. Project start-up and performance, i.e. preparation of definitive plans and specifications, calls for bids, signing of the contract and performance of the work.

MAJOR PROJECTS WORTH MORE THAN $2M

Facility	Project description	Project cost	Phase underway	State of affairs (September 2004)
Lakeshore General Hospital	Modernization and ambulatory centre	$66,080,000	Work	Project authorized in February 2000. Phase 1 (construction of the ambulatory centre) completed in 2002. Contract for phase 2, to redo the interior of the old hospital, signed in June 2003 at a cost of $10.5 M. Completion of work scheduled in 2005.
Lakeshore General Hospital	Restoration of the outer shell	$8,000,000	Needs analysis by the Agency	The shell of the original building has several severe defects. The cost of correcting these defects is estimated at $8M. These problems have to do with the roof, brick covering and windows, but have no impact on the work carried out in the context of the ambulatory centre. The MSSS is aware of the problem. It will be necessary to contemplate a phased approach. The file should be taken up shortly.
Lakeshore General Hospital	Modernization of emergency department and medical imaging	$24,000,000	Needs analysis by the Agency	FTP of $24M presented by the institution in January 2004. The Agency has required a review of this FTP.

3. Advanced technology projects

The MSSS funds advanced technology projects that make it possible to acquire very costly equipment. These projects generally have to do with ultraspecialized equipment for areas like radiation oncology, magnetic resonance or computerized axial tomography. Acquiring this type of equipment can involve major renovations or construction. The funding plan proposed by an institution must therefore cover the expected construction costs in addition to the cost of the equipment itself. Furthermore, the impact of advanced technology projects on human resources and operating budgets must be known before a funding request is presented. The Lakeshore General Hospital has submitted two advanced technology projects, one of which has already been authorized by the Minister.

ADVANCED TECHNOLOGY PROJECTS

Facility	Project description	Project cost	Phase underway	State of affairs (September 2004)
Lakeshore General Hospital	Creation of a magnetic resonance department	$2,750,000	Project authorized by the Minister	The equipment should be ordered in July 2004. It should be put into operation before the summer of 2005.
Lakeshore General Hospital	Computerization of radiology and installation of a PACS system	$2,137,000	Project under consideration	The MSSS placed a moratorium on all PACS projects in 2003-2004. A funding project must be drafted and approved. This technology makes it possible to improve service and has already been installed in several specialized hospitals of a similar type. Developments are expected with regard to PACS files in 2004-2005.

Human resources of the Pierrefonds and Lac Saint-Louis CSSS

The Pierrefonds and Lac Saint-Louis CSSS employs 1,776 people (1,271 FTE), i.e. 7.75% of all CSSS personnel on the Island of Montreal (see comparative table). As of December 31st, 2003, it also relied on the services of approximately 70 general practitioners (36.77 FTE).

For the purposes of this presentation, personnel will be divided into the following six categories:

1. nursing and cardiorespiratory care personnel;
2. paratechnical personnel, auxiliary services and trades;
3. office personnel and administrative technicians and professionals;
4. health and social service technicians and professionals;
5. personnel not covered by the new act respecting bargaining units in the social affairs sector; and
6. management personnel.

The first four categories correspond to the categories set out in the new act respecting bargaining units in the social affairs sector, which is briefly summarized in a text box at the end of this chapter.

Nursing and cardiorespiratory care personnel

The Pierrefonds and Lac Saint-Louis CSSS has 642 people in this category: 1 clinical clerk in inhalation therapy, 137 graduate nurses, 388 nurses, 92 nursing assistants and 24 inhalation therapists. This category has 6,251 persons in all CSSSs on the Island of Montreal.

In 2002-2003, the hours worked in nursing care by independent manpower (private agencies) and on overtime were equivalent to 39 full-time positions. This data gives an indication of the network's shortage in this sector of activity.

Paratechnical personnel, auxiliary services and trades

Over 150 job titles fall under this category, from nutrition assistant to painter, and from pharmacy clerk to living-environment care provider, to master electrician. It is by far the category with the largest number of employees in all CSSSs on the Island of Montreal. At the Pierrefonds and Lac Saint-Louis CSSS, there are 466 jobs, including 50 family assistants, 5 trades, 218 patient attendants, 144 auxiliary services, and 49 other paratechnical jobs.

What is a full-time equivalent (FTE)?

FTE makes it possible to achieve an accurate assessment of the "workforce" at the quantitative level. It converts the hours worked by part-time and availability personnel into hours normally worked by a full-time employee.

Who are nursing and cardiorespiratory care personnel?

They are employees whose practice is governed by the Act respecting Nurses, employees who belong to the *Ordre des infirmières et infirmiers auxiliaires du Québec*, and employees who provide nursing or cardiorespiratory care. All of these people occupy jobs under one of the job titles featured in the new Act (see text box at the end of this section).

Who are paratechnical personnel, auxiliary services and trades?

They are employees whose jobs are characterised by the performance of semi-specialized tasks that provide operational support to health and social service technicians and professionals. This category also includes employees with jobs in the manual auxiliary field and people with a trade, be it specialized or not, that may require a certificate of qualification.

Office personnel and administrative technicians and professionals

There are 240 office workers, 9 professionals and 22 administrative technicians, which gives a total of 271 people. This category features 2,717 people in all of the CSSSs of the Island of Montreal.

Health and social service technicians and professionals

The Pierrefonds and Lac Saint-Louis CSSS has 63 health professionals, 87 social service professionals, 130 health technicians and 10 social service technicians, giving an overall total of 290 people. This category includes 3,409 people in all of the CSSSs of the Island of Montreal.

Personnel not covered by the new act respecting bargaining units in the social affairs sector

Of the 141 people not covered by the Act in all CSSSs of the Island of Montreal, there are 34 at the Pierrefonds and Lac Saint-Louis CSSS: 1 clinical biochemist, 10 students, 12 pharmacists and 11 midwives. Midwives are found in only one other CSSS: the Côte-des-Neiges, Métro and Parc Extension CSSS.

Management personnel

The management personnel is made up of 73 people, i.e. 8 senior management, 1 managing physician, 53 middle management, 5 administrators (ED and AED), and 6 temporary personnel with a management mandate. This category features 1,127 across all CSSSs.

There is no doubt that the revision of the organization plan will have a direct impact on these persons. The board of directors and new management of the CSSS must therefore be sure to take into account all of the available experience and skills around them when implementing the new plan.

Who are office personnel and administrative technicians and professionals**?**

They are employees whose jobs meet the following two criteria: they are characterised by the performance of a set of administrative tasks and correspond to one of the titles listed in the Act. This category includes, among other jobs, librarians, communication specialists, secretaries, telephone receptionists, programmers and admissions clerks.

Who are health and social service professionals and technicians**?**

They are employees whose jobs meet the following criteria: they are characterised either by the provision of health or social services to the clientele, or by professional or technical work performed in the context of such services, and they correspond to one of the titles listed in the Act. This category includes, among other jobs, medical archivists, bacteriologists, criminologists, medical photographers and recreation consultants.

Who are temporary workers with a management mandate**?**

They are personnel who have been assigned temporarily to a management position.

PERSONNEL AS OF MARCH 31ST, 2003, ACCORDING TO THE JOB CATEGORIES PROVIDED FOR IN THE ACT RESPECTING BARGAINING UNITS IN THE SOCIAL AFFAIRS SECTOR

Job categories		Centre d'accueil Denis-Benjamin Viger	CLSC LAC Saint-Louis	CLSC Pierrefonds	Lakeshore General Hospital	Total
Nursing and cardiorespiratory care personnel	Clinical clerk in inhalation therapy	-	-	-	1	1
	Nurse	3	17	31	337	388
	Nursing assistant	23	-	-	69	92
	Graduate nurse	2	36	42	57	137
	Inhalation therapist	-	-	-	24	24
	Total	**28**	**53**	**73**	**488**	**642**
Paratechnical personnel, auxiliary services and trades	Other paratechnical personnel	2	-	-	47	49
	Family assistant	-	29	21	-	50
	Trades	-	-	-	5	5
	Patient attendant	76	8	-	134	218
	Auxiliary services	28	4	4	108	144
	Total	**106**	**41**	**25**	**294**	**466**
Office personnel and administrative technicians and professionals	Office personnel	9	25	38	168	240
	Professional	1	2	3	3	9
	Technician	-	3	5	14	22
	Total	**10**	**30**	**46**	**185**	**271**
Health and social service technicians and professionals	Health professional	3	14	19	27	63
	Social service professional	1	28	38	20	87
	Health technician	1	8	6	115	130
	Social service technician	2	5	2	1	10
	Total	**7**	**55**	**65**	**163**	**290**
Personnel not covered by the Act	Clinical biochemist	-	-	-	1	1
	Student	-	-	-	10	10
	Pharmacist	-	-	-	12	12
	Midwife	-	11	-	-	11
	Total	**-**	**11**	**-**	**23**	**34**
Management personnel	Middle management	8	7	11	27	53
	Managing physician	-	-	-	1	1
	Senior management	1	3	1	3	8
	Administrator	1	1	2	1	5
	Temporary personnel with a management mandate	-	-	1	5	6
	Total	**10**	**11**	**15**	**37**	**73**
Overall total		**161**	**201**	**224**	**1,190**	**1,776**

Source: *Agence de développement de réseaux locaux de services de santé et de services sociaux de Montréal*, March 31st, 2003. Data reviewed by the institutions – September 2004.

PERSONNEL AS OF MARCH 31ST, 2003, ACCORDING TO THE CATEGORIES SET OUT IN THE ACT RESPECTING BARGAINING UNITS IN THE SOCIAL AFFAIRS SECTOR: COMPARISON WITH ALL CSSSs ON THE ISLAND OF MONTREAL AND WITH THE OTHER INSTITUTIONS IN THE MONTREAL HEALTH AND SOCIAL SERVICE NETWORK

	Pierrefonds and Lac Saint-Louis CSSS		All CSSSs on the Island of Montreal		Other institutions on the Island of Montreal	
Nursing and cardiorespiratory care personnel	642	36.15%	6,251	27.27%	16,525	26.71%
Paratechnical personnel, auxiliary services and trades	466	26.24%	9,279	40.48%	18,822	30.42%
Office personnel and administrative technicians and professionnals	271	15.26%	2,717	11.85%	9,950	16.08%
Health and social service technicians and professionnals	290	16.33%	3,409	14.87%	13,085	21.15%
Personnel not covered by the Act	34	1.91%	141	0.62%	859	1.39%
Management personnel	73	4.11%	1,127	4.92%	2,628	4.25%
Total	**1,776**	**100%**	**22,924**	**100%**	**61,869**	**100%**

Source: *Agence de développement de réseaux locaux de services de santé et de services sociaux de Montréal*, March 31st, 2003. Data reviewed by the institutions – September 2004.

What is Bill No. 30?

On December 18th, 2003, the Government of Quebec ratified an Act respecting bargaining units in the social sector and amending the Act respecting the collective agreement negotiation regime in the public and parapublic sectors. Up until its adoption, this transformation was known as "Bill No. 30". The Act goes into effect by ministerial decree. The decree will, in all likelihood, not be signed by the Health and Social Services Minister before the fall of 2004 for CSSSs. Taking into account the various steps involved (lists to make, requests from unions, votes, etc.), the process will only be finalized several months after the date of the decree.

Under this Act, there will only be four negotiation units in institutions:

- Nursing and cardiorespiratory care personnel;
- Paratechnical personnel, auxiliary services and trades;
- Office personnel and administrative technicians and professionals; and
- Health and social service technicians and professionals.

The Act does, however, provide for certain exceptions. For instance, it introduces a list of 26 issues that will have to be negotiated and approved at the local or regional level, within a maximum period of 24 months following the date of accreditation of the new employees' association.

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